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|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/716,975 |
| | Filing Date | November 19, 2003 |
| | First Named Inventor | Ekwuribe, Nnochiri N. |
| | Group Art Unit | 1651 |
| | Examiner Name | Ralph J. Gitomer |
| Total Number of Pages in This Submission | Attorney Docket Number | 014811-29.8DV3 |

ENCLOSURES (check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <i>Check in the amount of \$450.00</i> <i>Acknowledgement Postcard</i> |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

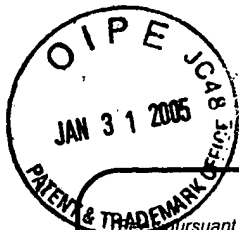
| | |
|-------------------------------|-------------------|
| Firm or Individual Name | MOORE & VAN ALLEN |
| Signature | |
| Date | January 28, 2005 |

CERTIFICATE OF TRANSMISSION/MAILING

| | | | |
|---|-----------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Katrina Holland | | |
| Signature | | Date | January 28, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004

Pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$450.00

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/716,975 |
| Filing Date | November 19, 2003 |
| First Named Inventor | Ekwuribe, Nnochiri N. |
| Examiner Name | Ralph J. Gitomer |
| Art unit | 1651 |
| Attorney Docket No. | 014811-29.8DV3 |

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 13-4365 Deposit Account Name: Moore & Van Allen PLLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|----------------------|-------------|----------------------|------------------|----------------------|----------------|
| | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | Fee(\$) | Small Entity Fee(\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 300 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 500 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee(\$) | Small Entity Fee(\$) |
|---|---------|----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims 29 - 20 or HP = 9 x 50.00 = 450.00

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 1 - 3 or HP = 0 x 200 = 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 100 - 100 = 0 / 50 = 0 (round up to a whole number) x 250 = 0

4. OTHER FEES

Non-English Specifications, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | |
|-------------------|--------------------|---|------------------------|
| Signature | | Registration No. 42,296 (Attorney/Agent) | Telephone 919-286-8000 |
| Name (Print/Type) | William A. Barrett | | Date January 28, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/716,975
Applicants: Nnochiri N. Ekwuribe, et al.
Filed: November 19, 2003
Art Unit: 1651
Examiner: Ralph J. Gitomer
Attorney Docket No.: 014811-29.8DV3
Title: METHODS OF ACTIVATING RECEPTOR USING AMPHIPHILIC
DRUG-OLIGOMER CONJUGATES

Confirmation No.: 7557

Customer No.: 24,239

AMENDMENT

Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Office Action of November 5, 2004 ("the Office Action"), please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the claims are reflected in the listing of claims which begins on page 10 of this paper.

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the US Postal Service as first class mail on January 28, 2005, in an envelope addressed to Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450


Katrina Holland

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